

Provider Self-Assessment Tool Instructions

Background:

On March 17, 2014 the Centers for Medicare and Medicaid Services (CMS) implemented new federal HCBS regulations that provided clarification concerning the required characteristics of service settings. To determine compliance with the new regulations, states must review and evaluate all HCBS residential and non-residential service settings. These rules were developed to ensure that individuals receiving long term services and supports through Medicaid HCBS programs have full access to benefits of community living and the opportunity to receive services in the most integrated setting appropriate. The following Provider Self-Assessment Tool (the Tool) measures each provider's current level of compliance with the HCBS Setting rules and provides a framework to assist providers with implementing necessary steps to compliance.

General Instructions:

The Tool can be downloaded at the following location: <http://health.utah.gov/ltc/hcbstransition/Documents.html>.

Residential and Non-Residential versions are available, the correct version must be completed for each site depending on the type of services provided. If you are unable to download the Tool, please contact the Bureau of Authorization and Community Based Services for assistance via email at HCBSSettings@utah.gov or by phone at 801-538-6553.

The Tool includes a series of YES/NO/NA questions. Supporting information is required for each response to demonstrate why the setting is in compliance or not in compliance. For all N/A responses please explain why the question does not apply to your setting.

Provider Self-Assessment process:

- Providers must complete one self-assessment for each individual HCBS setting they own, co-own, and/or operate.
- The provider will use the Tool to evaluate compliance with a variety of environmental and other factors that help to define the characteristics of the setting.
- Providers will be asked to demonstrate compliance by providing evidence that current policies, procedures and operating practices are in place and that compliance is regularly assessed.
- Compliance information that will be deemed acceptable evidence includes, but is not limited to citation of the following (Please do NOT send copies of these documents):
 - a. Provider Policies/ Procedures
 - b. Participant Handbook
 - c. Staff training curriculum and materials
 - d. Training Schedules
 - e. Letters of support from persons served
- When completing the assessment, providers must evaluate compliance by thinking about both the setting itself and each individual served.

Submission:

RESPONSES TO THE SELF-ASSESSMENT TOOL MUST NOT CONTAIN ANY CONFIDENTIAL OR PROTECTED HEALTH INFORMATION PERTAINING TO CLIENTS. THIS INCLUDES IDENTIFIABLE DEMOGRAPHIC DATA, INFORMATION ABOUT THE PHYSICAL OR MENTAL HEALTH CONDITION(S) OF AN INDIVIDUAL, OR ANY INFORMATION REGARDING TREATMENT REGIMENS OR PAYMENT HISTORY FOR HEALTHCARE SERVICES PROVIDED TO AN INDIVIDUAL.

Completed Tools can be submitted to the State Medicaid Agency via email, facsimile, or mail at the following locations:

Email: HCBSSettings@utah.gov

Facsimile: (801) 323-1588

Mail: Bureau of Authorization and Community Based Services

Attn: HCBS Settings Transition

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